

Exhibit A

Joanne Conroy 9/18/2019

1

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF VERMONT
Case No. 5:17-cv-194

MISTY BLANCHETTE PORTER, M.D.,

Plaintiff

vs.

DARTMOUTH-HITCHCOCK MEDICAL CENTER,
DARTMOUTH-HITCHCOCK CLINIC,
MARY HITCHCOCK MEMORIAL HOSPITAL,
and DARTMOUTH-HITCHCOCK HEALTH,

Defendants.

C O N F I D E N T I A L

DEPOSITION OF JOANNE CONROY
taken on behalf of the Plaintiff at Lebanon,
New Hampshire, on September 24, 2019, at
1:00 p.m., before Cynthia Foster, LCR No. 14, a
Licensed Court Reporter within and for the State
of New Hampshire.

Joanne Conroy 9/18/2019

8

1 MR. SCHROEDER: I didn't want to interrupt
2 your next topic.

3 MR. VITT: That's all right.

4 MR. SCHROEDER: Objections as to form, all
5 other objections reserved until the time of
6 trial. Read and sign, we'll waive notary. And
7 then we would want this designated pursuant to
8 the protective order as confidential.

9 MR. VITT: Fine with me.

10 MR. SCHROEDER: Thank you.

11 MR. VITT: Yes.

12 BY MR. VITT:

13 Q Could you give me in kind of a thumbnail sketch
14 your education and previous employment?

15 A I graduated from Dartmouth College in 1977,
16 Medical University of South Carolina Medical
17 School in 1983, I completed my anesthesia
18 training at the Medical University and completed
19 that in 1987. I was employed at the Medical
20 University until 2000. My final role was
21 Chairman of Anesthesia and Perioperative
22 Medicine, Senior Associate Dean and BPMA of the
23 University Hospital.

Joanne Conroy 9/18/2019

9

1 From 2000 until 2008 I was employed at
2 Atlantic Health as Chief Medical Officer, then
3 Executive Vice President and then President of
4 Morristown Memorial Hospital. In 2008 to 2014 I
5 was Chief Health Care Officer at the Association
6 of American Medical Colleges in Washington, D.C.
7 2014 to 2017 I was CEO of Leahy Hospital and
8 Medical Center in Burlington, Massachusetts, and
9 in August of 2017 I started here at Dartmouth
10 Hitchcock Health.

11 Q That's a concise summary. Thank you.

12 A You're welcome.

13 Q I'd like to cover for a few minutes what you may
14 have done to prepare yourself for this
15 deposition. Did you review any documents to
16 prepare for the testimony today?

17 A I reviewed just a couple of emails and the
18 Valley News article.

19 Q Did you review any depositions?

20 A No.

21 Q Did you talk to anyone from Dartmouth-Hitchcock
22 whose deposition has been taken in this case?
23 Ed Merrens or --

Joanne Conroy 9/18/2019

10

1 A No.

2 Q When you say the Valley News article, that's the
3 one in which you're quoted, Nora Doyle-Burr?

4 A Yes. Doyle-Burr. September 3rd.

5 Q Did you communicate by email or text with anyone
6 at any point about the closure of the REI
7 Division or the termination of the employment of
8 the three physicians there?

9 A The only communication that I recall is an email
10 from Barry Smith who is the previous Chairman of
11 the department, and in that email, there were a
12 number of thoughts about the future of the
13 department as well as opinions about the closure
14 of the REI program.

15 Q I assume you have a calendar? Personal
16 calendar?

17 A On my computer.

18 Q Is it an Outlook calendar?

19 A Yes.

20 Q Does that calendar reflect who you would be
21 meeting with or speaking to in those various
22 meetings?

23 A So if I had a meeting with Barry Smith, it would

Joanne Conroy 9/18/2019

11

1 have been made through my assistant on my
2 calendar.

3 Q Right. And your assistant keeps that calendar
4 for you?

5 A She does.

6 Q There was some letters sent to you after the
7 closure of the REI Division from people who were
8 upset about the division losing their care,
9 feeling that they weren't being taken care of.
10 When those letters would come to you -- let me
11 back up.

12 Do you recall receiving those letters?

13 A I recall receiving a letter from at least one
14 employee, and that's the one I recall.

15 Q Okay. Do you send text messages?

16 A I do, but not work messages. Just personal.

17 Q So the text messages that you send or receive
18 are limited to personal matters?

19 A Personal matters and on my phone. My personal
20 phone. I keep two separate phones.

21 Q Can you tell me when you began to interview for
22 the position that you eventually assumed as CEO?

23 A I don't recall specifically, but it would have

Joanne Conroy 9/18/2019

12

1 been in the spring of 2017.

2 Q There is a, I think an announcement I saw that
3 you were chosen by the board on June 14, 2017;
4 does that sound right?

5 A That sounds right.

6 Q When did you leave your old job?

7 A My last day of employment was August 4th, but I
8 left in June, early part of June, and I had
9 accrued vacation days so.

10 Q And when did you begin working at
11 Dartmouth-Hitchcock?

12 A August 7th.

13 Q Prior to beginning work on August 7th, did you
14 meet with any of the senior leadership team to
15 talk about the challenges facing the place and
16 what needed to be done, that type of thing?

17 A I did meet with board members just to make sure
18 that our priorities were aligned. I did that
19 probably in July. And I did come up and meet
20 with the senior team to just get to know them a
21 little bit better, and kind of talk about how
22 their kind of priority lists were aligned with
23 the Board's priority list.

Joanne Conroy 9/18/2019

13

1 Q Who would have been on the senior team?

2 A Dan Jantzen, Steve LeBlanc, Ed Merrens. I met
3 with Kim Gibbs, Aimee Giglio, John Kacavas, and
4 Sue Reiss.

5 Q Daniel Herrick?

6 A No.

7 MR. SCHROEDER: Be careful to the extent
8 they're asking you questions about
9 communications with any of those people not to,
10 to refrain from discussing your communication
11 with John Kacavas to the extent it's covered by
12 attorney/client privilege.

13 A Okay.

14 Q After you were hired and before you began work,
15 did you receive any briefing memos on the
16 challenges that each faced or any of the issues
17 that you might have to address in the first six
18 months?

19 A They sent me some senior leadership on-boarding
20 material which is general material given to
21 everybody. Certainly I received publicly
22 available financial reports. Often some
23 examples of minutes that, again, are available

Joanne Conroy 9/18/2019

14

1 of the Board of Governors and also the
2 Dartmouth-Hitchcock/Dartmouth-Hitchcock Health
3 Board. That was kind of the extent of the
4 material I received.

5 Q So is Dartmouth-Hitchcock Medical Center an
6 academic medical center?

7 A There are a lot of terms used for that.

8 Q Right.

9 A It is a teaching hospital under the Council of
10 Teaching hospitals of the AAMC. Often that's
11 called an academic medical center as well, but
12 it's where you have both residency and
13 undergraduate medical education as well as
14 research and in a clinical care environment.

15 Q How many residents each year are enrolled or
16 come through DHMC?

17 A So we have about 440. Could be 460 residents
18 and fellows at any one time.

19 Q Looking just at the residents initially, are
20 they enrolled to receive what I would call kind
21 of a full range of medical education? Full
22 scope?

23 A Well, their educational objectives are actually

1 outlined by the RRCs which are the Residency
2 Review Commission. Every individual specialty
3 that outlines what their experience has to cover
4 in order for them to sit for the written and
5 oral boards so we don't determine that.

6 Q But even though you don't set that, the
7 institution has an obligation to provide the
8 training so that somebody could sit for boards
9 and have a reasonable shot at passing, right?

10 A That is correct.

11 Q Is it the case in your experience that academic
12 medical centers normally have an REI Division?

13 A That is actually not my experience. When I was
14 at Morristown, we actually worked with a
15 nationally known REI group that was a private
16 contractor located in a facility across the
17 street from the hospital. We did not employ
18 them nor own any part of that business.

19 Q So in Boston, I did a little checking. Mass.
20 General, Brigham and Women's, Beth Israel
21 Deaconess all have an REI Division. Do you
22 agree with that?

23 A I haven't done my homework on that.

Joanne Conroy 9/18/2019

16

1 Q Sound right?

2 A I can't comment on that.

3 Q Okay. And a little further checking, Johns
4 Hopkins, Mayo Clinic, Cleveland Clinic, they all
5 have REI Divisions. UVM in Vermont has an REI
6 Division?

7 A Again, I haven't done my homework on it. So my
8 assumption was Barry mentioned that in one of
9 the letters so my assumption is he would be
10 accurate.

11 MR. SCHROEDER: Hold on. Hold on. Make
12 sure you don't assume things. Just --

13 A Okay.

14 MR. SCHROEDER: Talk about what you know
15 and if you don't know something don't --

16 MR. VITT: You're doing fine.

17 BY MR. VITT:

18 Q Do you know John Brumsted?

19 A I do know John Brumsted.

20 Q Have you talked to him?

21 A We meet about three times a year, both
22 Dartmouth-Hitchcock Health and UVM and Maine
23 Health meet together.

Joanne Conroy 9/18/2019

17

1 Q Okay. And in any of those conversations, have
2 you and he talked about either the REI Division
3 that used to be at Dartmouth-Hitchcock or the
4 REI Division at UVM?

5 A No.

6 Q Has Misty Porter's name come up?

7 A No.

8 Q Tell me what you know about Dr. Porter's
9 experience when she was at Dartmouth-Hitchcock.

10 A Actually, I know very little about it.

11 Q Do you know she was here for about 21 years?

12 Did you know that?

13 A No.

14 Q Okay. Did you have any idea that she did work
15 with IVF?

16 A I do know that she was a member of the division.

17 Q All right. Do you have any idea about the scope
18 of her practice?

19 A I do not.

20 Q Were you told that she was particularly
21 proficient in doing ultrasound readings?

22 A No. I had no conversation at all about her
23 practice or anything related to her tenure here.

Joanne Conroy 9/18/2019

18

1 Q I'm going to mark as Conroy Deposition Exhibit 1
2 the September 3, 2017, article from the Valley
3 News.

4 (Exhibit 1 marked for identification)

5 Q Is that the Valley News article to which you
6 referred earlier?

7 A Yes.

8 Q Whose idea was it to agree to be interviewed by
9 the Valley News?

10 A I don't recall.

11 Q Do you think you got a call out of the blue one
12 day from the Valley News or do you think someone
13 at Dartmouth-Hitchcock initiated the idea of you
14 sitting down with the Valley News reporter?

15 A I actually have no recollection about how this
16 happened.

17 Q Okay. When you became the CEO, did you
18 deliberately decide to have what I would call a
19 presence in the local community and part of that
20 involving making yourself available for
21 interviews?

22 A That is part of my job as a CEO to connect to
23 the community and not just in the Upper Valley

Joanne Conroy 9/18/2019

19

1 but probably across the state.

2 Q And as part of the way you do that is to make
3 yourself available to talk to reporters?

4 A On counsel of our PR division, yes, they would
5 be people that would initiate and/or respond to
6 inquiries.

7 Q Dartmouth-Hitchcock prior to your arrival had
8 some well-publicized financial difficulties,
9 correct?

10 A I did actually see a few stories in the Valley
11 News about Dartmouth-Hitchcock.

12 Q Hard to miss them, right? Front page?

13 A Well, I didn't read the Valley News when I was
14 in Burlington, Massachusetts, but I was aware of
15 some front page articles.

16 Q Right. So it was one of the things you were
17 hoping to do is to convey the sense that the
18 institution was financially stable, on a good
19 path, everything was fine for the future?
20 That's my summary, but does that sound about
21 right?

22 A So I've been very open and honest that financial
23 stability is an important goal for the

Joanne Conroy 9/18/2019

20

1 institution to achieve.

2 Q When you knew there was going to be an
3 interview, did you have some idea of the topics
4 that would be covered in the interview?

5 A I don't recall.

6 Q Did you do any preparation for the interview?

7 A I don't recall.

8 Q Who attended the interview?

9 A I think it would have been Rick Adams who does
10 our PR, but I don't recall if he was actually
11 there.

12 Q What was the first name, I'm sorry?

13 A Rick or Clarence Adams.

14 Q So he may have been there.

15 A He may have been there.

16 Q And yourself and the reporter, correct?

17 A Correct. Unless it was done over the phone.

18 Q You don't recall whether it was done --

19 A I don't recall whether or not this was in person
20 or over a phone. Although it must have been in
21 my office because they saw photographs.

22 Q I was going to ask you. There was a series of
23 photographs.

Joanne Conroy 9/18/2019

21

1 A So they must have been there.

2 Q And I think she refers to the fact she saw
3 something on your wall?

4 A Yes. So she must have been in my office.

5 Q Must have been in your office. Okay.

6 Was the interview recorded?

7 A I don't recall.

8 Q Do you have a practice one way or the other
9 about whether you agree to interviews that they
10 have to be recorded or not?

11 A If they ask to record the interview, I'm open to
12 that.

13 Q Okay. But you don't have a practice one way or
14 the other?

15 A No.

16 Q Did you have a focus or an intent in that
17 interview to provide accurate information to the
18 questions that were going to be asked of you by
19 the reporter?

20 A Yes. However, if there were factual issues that
21 they needed more information on, my expectation
22 is we would have had a discussion about that.
23 These interviews are not usually data focused.

Joanne Conroy 9/18/2019

22

1 It was a human interest story about the new CEO
2 which is generally more getting to know the
3 person.

4 Q Okay. Did you expect that the issue of the
5 closing of the REI Division would be a subject
6 that would be touched upon during the interview?

7 A No.

8 Q Do you recall whether you volunteered the
9 information about the closing of the REI
10 Division or was what you said in response to a
11 question?

12 A I recall that it was in response to a question.

13 Q So if we go to the fourth page in, going to the
14 bottom of the page, you see that?

15 A Yes.

16 Q The reporter writes, quote, "In some cases,
17 Conroy said, there are services that it simply
18 does not make sense for D-H to offer. For
19 example, D-H closed its Reproductive
20 Endocrinology and Infertility program this
21 spring as a result of being unable to recruit
22 new providers," you said.

23 Do you believe you said that?

Joanne Conroy 9/18/2019

23

1 A I said something about the REI program. I'm not
2 sure this is verbatim of what I said.

3 Q All right. She doesn't put quotation marks
4 anywhere, but would this, in your view, be the
5 gist or a good summary of what you said?

6 A Yes.

7 Q Then if you go to the next page, and the third
8 paragraph, it reads, "In the case of the
9 fertility clinic, Conroy said, quote, we were
10 just affected by the declining birth rate in
11 this area and it wasn't attractive to some of
12 the young up-and-coming providers that we wanted
13 to recruit here. Sometimes you have to make the
14 tough decisions," period, close quote.

15 Do you believe you said that?

16 A Yes.

17 Q Did anyone from Dartmouth-Hitchcock, either you
18 or PR person if he were there, take notes about
19 what was said during this interview?

20 A I don't recall.

21 Q After an interview, some people, I came from
22 Washington, D.C., so that was some of these
23 people, would finish the interview, go back and

Joanne Conroy 9/18/2019

24

1 do a file memo about what was said, basically
2 some record so that if it ever came up they'd
3 have something. Do you do anything like that?

4 A No.

5 Q You don't dictate a file memo or talk to
6 somebody and say here's what we covered?

7 A No.

8 Q Okay. Can you give me an estimate about how
9 long the interview lasted?

10 A Less than 45 minutes.

11 Q Was it cordial?

12 A Yes.

13 Q On the fourth page, you talk about being unable
14 to recruit new providers. When you use
15 "providers," does that mean doctors?

16 A Doctors, advanced practice nurses, nurses. I
17 use the term "providers" broadly.

18 Q Okay. In the next page on the third paragraph
19 you say that there was a declining birth rate in
20 the area which made it less attractive for the
21 up and coming providers. What were you
22 referring to?

23 A Young providers want to join a thriving, growing

Joanne Conroy 9/18/2019

25

1 practice. We live in an area with a declining
2 birth rate and declining volumes through our
3 program, difficult to attract nurses and
4 physicians and advanced nurse practitioners to
5 that type of environment, especially if they're
6 beginning their careers.

7 Q How do you know that?

8 A From my experience at Morristown.

9 Q What group, what age group in this area
10 reflected or showed declining birth rates?

11 A So we just know that the number of people in
12 child-bearing years had been declining by one
13 percent a year in the State of New Hampshire.
14 The majority of young families are actually
15 moving to the southern part of the state, not to
16 the Upper Valley. So with declining numbers of
17 young families that are beginning their
18 families, you have declining birth rates.

19 Q And do you believe that these young families are
20 a source or have been a source of patients for
21 the REI Division?

22 A That would be speculating. I'm an
23 anesthesiologist. I'll put you to sleep. But

1 beyond that, I'm outside my area of expertise.

2 Q When you referred to the declining birth rates,
3 did you ask anyone before the interview about
4 the number of patients in the REI Division and
5 whether there was less demand for those
6 services?

7 A No. Demand. This was not a data issue focused
8 interview. It was a personal "get to know the
9 CEO" interview.

10 Q How do you know there was difficulty recruiting
11 providers?

12 A I know that we were asking providers, had
13 historically asked providers in the southern
14 part of the state to come up and cover some of
15 our services here, that we didn't have adequate
16 nurse coverage, and it was beginning to be a
17 challenge for us.

18 Q The nurse coverage?

19 A Coverage in general.

20 Q Throughout the institution?

21 A Throughout the REI program, both up here in
22 Lebanon and in the southern part of the state.

23 Q How do you know that?

Joanne Conroy 9/18/2019

27

1 A I was appraised of that in kind of a debrief of,
2 you know, the difficult decision that they came
3 to in closing the program, but that was after
4 the program was closed.

5 Q Who gave you the debriefing?

6 A Ed Merrens.

7 Q On more than one occasion?

8 A One occasion.

9 Q When was that?

10 A I don't recall.

11 Q Who was in the meeting? Was it just you and he?

12 A It was just Ed and I.

13 Q How long was the meeting?

14 A It was one of our monthly meetings, and the
15 meetings are about 30 minutes and it's a touch
16 base.

17 Q How much of the 30-minute meeting do you think
18 recovered the REI Division closing?

19 A Five minutes.

20 Q Tell me what you can recall.

21 A I recall that he said it was kind of a difficult
22 decision, there were coverage challenges,
23 decrease in volumes, difficulty kind of

1 recruiting people for coverage. With the
2 movement of the OB program from St. Joe's to
3 Catholic Medical Center, we had an option in the
4 south for insuring that residents received
5 exposure to REI through Boston IVF and that we
6 had a solution, we felt, to provide the
7 educational experiences our residents needed
8 during the second year of their training.

9 Q Solution here at Dartmouth-Hitchcock?

10 A Yes. The students rotate down to Catholic
11 Medical Center, and when they are there, they're
12 there for ten months, and I believe two of the
13 12 months of their second year are spent with
14 the Boston IVF center in Manchester.

15 Q So I want to make sure I understand the
16 solution. The solution for making sure that the
17 residents got the training that they were
18 entitled to in the REI field would be you send
19 them down to Catholic Medical Center and for two
20 months down there Boston IVF provides them with
21 information or training; is that right?

22 A That's right.

23 Q Is that the way residents have in fact received

1 their REI training?

2 A I haven't read the RRC regs, but it meets the
3 RRC regulations as far as I'm aware of.

4 Q So does Catholic Medical Center provides REI
5 services?

6 A No. The residents spend 12 months at
7 Manchester. Ten of the 12 months are at
8 Catholic Medical Center. Two of the months are
9 at Boston IVF. Catholic Medical Center has
10 ethical and religious directives so that is the
11 cone of Catholicity that they, within their
12 Catholic mission, they don't offer services that
13 pertain to termination, fertility or
14 contraception. Our residents actually receive
15 that, however, at other locations.

16 Q So I want to make sure I understand. The
17 residents at Dartmouth-Hitchcock receive their
18 REI training in part through Catholic Medical
19 Center and in part through Boston IVF; is that
20 correct?

21 A That is incorrect. They receive none of their
22 REI training through Catholic Medical Center.
23 When they are in Manchester, they spend ten

Joanne Conroy 9/18/2019

30

1 months of their second year at Catholic Medical
2 Center. They spend two months of their second
3 year at REI in Manchester. That is totally
4 separate from Catholic Medical Center.

5 Q So the reproductive endocrinology and
6 infertility work that they need to obtain the
7 education, they get all that from the Boston
8 IVF; is that right?

9 A Yes.

10 Q And to the extent they learn where they do the
11 IVF procedures that would be at Boston IVF,
12 right?

13 A That is my understanding.

14 Q And do the residents go to Waltham?

15 A I don't know.

16 Q I want to make sure, I want to circle back to
17 your meeting with Ed Merrens. It was based on
18 that meeting that you got the information that
19 there had been difficulty recruiting providers,
20 you termed them up-and-coming providers, because
21 there was not a sufficient number of patients in
22 the Upper Valley or in this area. Correct?

23 A Small volumes in the practice, not a thriving,

1 growing practice, in a state that's aging with
2 decreasing numbers of young families.

3 Q When Ed Merrens mentioned coverage challenges,
4 was that with respect to the nurses or with
5 respect to the physicians or both?

6 A He didn't go into detail. And I just want to
7 remind you, this is after the program had
8 closed.

9 Q Right. I understand that.

10 A Because I came here August 7th, and I think our
11 conversations occurred in August, early
12 September.

13 Q Was there a particular reason that you
14 understood that this issue was being discussed
15 with Ed Merrens?

16 A Well, Ed was just appraising me of what the
17 decision that had been made previously, and I
18 think it was also within the context of a
19 leadership transition within the Department of
20 OB.

21 Q Was that leadership transition Dr. DeMars
22 stepping down?

23 A Yes. That was. Although we were discussing

1 kind of the challenges that she was facing
2 within the department.

3 Q What challenges were they?

4 A Engagement of faculty members. We were short on
5 OB providers and were working to cover the labor
6 and delivery unit. The department was facing a
7 number of just really engagement challenges
8 across faculty and staff.

9 Q So you used the term "engagement," and I'm sure
10 you have an understanding of what that means,
11 but maybe you could tell me. What does that
12 mean?

13 A So when I use the term "engagement," it's really
14 faculty and staff, their feeling of, their
15 positive or negative feelings about where the
16 department is going, the reactions to
17 leadership, the effective communication.
18 Engagement involves all of these.

19 Q And did you understand based on what Ed Merrens
20 told you that physicians in the department were
21 not feeling good about the direction of the
22 department?

23 A No, that's not what I mean. I think physicians

1 in the department weren't feeling positive about
2 their leader.

3 Q Dr. DeMars?

4 A That's correct.

5 Q They thought she wasn't doing a good job?

6 A I think they felt there wasn't effective
7 communication, and that's one of the key means
8 to really engage people.

9 Q I'm going to mark as Conroy Exhibit 2 a one-page
10 document, DH 11349.

11 (Exhibit 2 marked for identification)

12 Q I'm going to hand you what's been marked as
13 Exhibit 2 and middle of the page there's an
14 email from David Seifer. Do you know who he is?

15 A No.

16 Q He was the head of the REI Division. And to
17 Leslie DeMars, and then at the top it's Leslie
18 DeMars to David Seifer so probably ought to
19 start with his email.

20 A So I have no knowledge of him. I don't even
21 know when he was head of the division.

22 Q Okay. So if you read his email to her, and then
23 her email to him.

Joanne Conroy 9/18/2019

34

1 MR. SCHROEDER: Do you know if there's an
2 article attached to this because --

3 MR. VITT: It's, yes, it's the same
4 article.

5 MR. SCHROEDER: This says Concord Monitor.

6 MR. VITT: Somehow they picked it up. It's
7 the same article that -- I mean, I can
8 supplement it, but I'm telling you what was
9 attached to this --

10 MR. SCHROEDER: I don't doubt you. I just
11 happened to notice it that it was a different
12 date and a different publication.

13 BY MR. VITT:

14 Q So if you look at her, "lrd" is, maybe we can
15 agree, Leslie DeMars, those initials?

16 A Yes.

17 Q And she says to David, "I met with Joann and
18 told her that I hoped she had been misquoted in
19 the article, because if that is the information
20 that has been given her, it is completely
21 untrue, and now a different narrative that is in
22 the public eye. I'm not sure that she really
23 cares."

Joanne Conroy 9/18/2019

35

1 The first sentence, did you meet with her?

2 A I met with Leslie DeMars twice. I am not sure
3 we talked about REI.

4 Q What she says here is she met with you and said
5 that information that you'd been given is
6 completely untrue. If she said that to you,
7 you'd remember it, right?

8 A I would.

9 Q Okay. You think she didn't say that.

10 A I don't recall her saying that.

11 Q Okay. Did you and she talk about the article?
12 Exhibit 1?

13 A I have no recollection of talking to her about
14 this article.

15 Q Okay. Do you believe you met with her around
16 the first week or second week in September of
17 2017?

18 A I had coffee with her downstairs.

19 Q Around that time?

20 A I don't recall.

21 Q Okay. Did she initiate the meeting?

22 A I initiated the meeting because we had had a --
23 our first meeting in my office she was obviously

Joanne Conroy 9/18/2019

36

1 in emotional distress and was almost
2 uncommunicative and crying. That meeting ended
3 in 30 minutes. It was my first meeting with
4 her, and actually I was concerned about her
5 emotional and mental well-being. So I asked her
6 for coffee downstairs just to get a sense of
7 what was going on.

8 Q So let's talk about the first meeting. When do
9 you believe that took place?

10 A I attempted to meet with all of the chairs after
11 I started here August 7th. So my expectation
12 would have been some time in August of 2017.

13 Q Was there an agenda for each chair depending on
14 what's going on with the department or just to
15 get to know the person?

16 A Just to get to know the person.

17 Q So you said she was in distress. Was that
18 apparent from the outset?

19 A Yes.

20 Q Of the meeting?

21 A Yes. And that's unusual when you're meeting
22 with the CEO for the first time.

23 Q Did you form an opinion about what she was in

Joanne Conroy 9/18/2019

37

1 distress about?

2 A No.

3 Q What did she talk about?

4 A You know, not very much. That's why I asked her
5 for coffee.

6 Q If you spent 30 minutes with somebody, I mean
7 presumably there was some words that were
8 exchanged, right?

9 A Yeah. You know, I asked her about the
10 department and her challenges, but she was
11 actually almost withdrawn. It was a very
12 unusual interview.

13 Q When you met with her, did you understand that
14 she had been informed that she would be stepping
15 down as the chair?

16 A I don't recall.

17 Q Do you now understand that at the time of that
18 meeting she had been told that she would be
19 stepping down as the chair?

20 A Are you informing me of that because --

21 Q No. I think that that's accurate, but I'm, I
22 don't know whether --

23 A I don't know.

Joanne Conroy 9/18/2019

38

1 Q You don't know.

2 A Yes.

3 Q Okay. Did Ed Merrens at some point tell you
4 that a decision had been made that Dr. DeMars
5 would be stepping down as the chair either
6 voluntarily or involuntarily?

7 A He did tell me that.

8 Q So essentially, she was told Dr. DeMars, you
9 will be stepping down as the Chair of the OB/GYN
10 Department, correct?

11 A I don't know how that conversation went. That's
12 third party. I just know that she was asked to
13 step down.

14 Q And did he tell you why that decision had been
15 made?

16 A I don't think he went into a lot of detail.

17 Q Well, did he give you any indication at all why
18 that decision had been made?

19 A I think he indicated, again, that the faculty
20 and staff were unhappy with the leadership in
21 the department.

22 Q Did he say anything else?

23 A No, and I believe he informed me of that after I

Joanne Conroy 9/18/2019

39

1 had met with her. So I am not sure whether or
2 not her behavior was a reflection of being
3 informed by Ed which we'd have to figure out
4 what that timeline is, or the fact that she was
5 unhappy in her role at chair which was very
6 clear the second time that I met with her and
7 had coffee that she was not happy being chair of
8 the department.

9 Q What did she say to you?

10 A She just said that, you know, how difficult it
11 was and that she really wasn't enjoying it and
12 it was obvious through her behavior and how she
13 answered questions and communicated with people
14 that she was really emotionally, really very,
15 she was depressed about it.

16 Q Did you have an understanding when you met with
17 her about what had been the nature of her
18 practice as a physician?

19 A I knew that she was a GYN oncologist and well
20 regarded by her patients and felt to be
21 incredibly compassionate and caring, that she
22 was an outstanding clinician.

23 Q When you got through the coffee session or

Joanne Conroy 9/18/2019

40

1 meeting with her, did you understand that she
2 intended to remain at Dartmouth-Hitchcock as a
3 clinician?

4 A I think she was uncertain whether or not she
5 wanted to stay here, and when she informed us
6 that she had accepted a job in industry, and I
7 saw her the next time, she was actually quite
8 upbeat and excited about the new opportunity.

9 Q Did you understand from Ed Merrens that the
10 decision to close the REI Division depended at
11 least in part on the recommendation that Dr.
12 DeMars had provided?

13 A I don't think I understand your question.

14 Q Sure. Let me back up.

15 Was there a process followed in arriving at
16 the decision to close the REI Division and to
17 terminate the employment of the three physicians
18 in that division?

19 A So this all happened before I arrived.

20 Q I understand that.

21 A My expectation and understanding is that this
22 was thoughtful, a number of people were involved
23 in the discussion and decision to close the

Joanne Conroy 9/18/2019

41

1 division, and that it was the culmination of,
2 you know, gathering data and talking to people
3 and dealing with some of the departmental or
4 section dysfunction that resulted in a difficult
5 but very thoughtfully made decision.

6 Q Who do you understand was involved in the
7 discussion whether or not to close the division?

8 A So my expectation is it would have been Ed
9 Merrens, it would have been Leslie DeMars, it
10 would have been probably our, perhaps our Chief
11 Medical Officer.

12 Q Dr. Padin?

13 A Dr. Padin could have been involved.

14 Q She's the Chief Medical Officer, right?

15 A Right, right, but she would have been involved
16 if there were credentialing issues. My
17 expectation is we would have probably involved
18 the Program Director for OB/GYN to make sure
19 that the residents would be able to have an
20 experience that would meet the RRC requirements.
21 My expectation is there were probably some
22 broader faculty meetings, but I would be
23 speculating on that.

Joanne Conroy 9/18/2019

42

1 Q Okay. So --

2 MR. SCHROEDER: Just go based on what you
3 know.

4 Q Several times in that answer you said it was my
5 expectation that and you told me what you
6 thought it would be. Did you have information
7 that that is in fact how the process played out
8 or are you simply saying well, I know how we
9 generally do things and I assume that we did
10 things the way we normally do?

11 A I have no specific information.

12 Q So if I go down the list, other than Ed Merrens
13 and you said he was involved, you can't tell me
14 whether or not any of these individuals were
15 involved in this process in any particular way,
16 right?

17 A I do know that Leslie DeMars was involved.

18 Q How do you know that?

19 A She talked very briefly in our first meeting
20 about the fact that this was happening.

21 Q What did she say?

22 A Or this had happened. I don't recall. But I do
23 recall that it was one of the things that she

Joanne Conroy 9/18/2019

43

1 said the department was managing.

2 Q I know you may not recall precisely what she
3 said. What I'm hearing you say, and tell me if
4 I'm correct, that based on that first
5 conversation you concluded that Dr. DeMars was
6 involved in the decision to close the REI
7 Division; is that accurate?

8 A Yes.

9 Q And you know that Ed Merrens was involved,
10 correct?

11 A Yes.

12 Q But for everybody else you're saying I don't
13 know but probably or possibly?

14 A Probably Program Director and CMO, but I have no
15 direct knowledge.

16 Q You mentioned the difficulty of recruiting
17 providers and you used that term that includes
18 not only doctors but would include nurses as
19 well, correct?

20 A Correct. Advanced nurse practitioners and
21 nurses.

22 Q Has the institution had challenges in recruiting
23 a sufficient number of competent nurses?

Joanne Conroy 9/18/2019

44

1 A Are you asking me globally across the
2 organization?

3 Q Across the organization.

4 A There is a current nursing shortage across the
5 country. We're not immune. We recruit, we have
6 travelers here that are traveling nurses. On
7 any given day we could have between 25 and 100
8 nurses across the organization that are here on
9 a traveling nurse basis.

10 Q Did you ask Ed Merrens or Leslie DeMars whether
11 there were particular reasons that
12 Dartmouth-Hitchcock had experienced difficulties
13 recently in recruiting nurses to do REI work?

14 A No.

15 Q I'd like to talk for a few minutes about the
16 credentialing process at Dartmouth-Hitchcock.
17 Can you describe for me in general terms what's
18 involved in a doctor applying for credentials?

19 A So I'm not intimately educated about the
20 credentialing process here. If you want me to
21 talk broadly --

22 Q Broadly.

23 A -- about how we credential physicians.

1 Q Yes.

2 A When physicians make an application for the
3 medical staff, it generally accompanies a letter
4 of support from a chair or section chief, and
5 that physician has to provide a timeline of all
6 their educational as well as their work
7 experience, and then secondly, the credentialing
8 office takes that and does primary source
9 verification of education, and then secondarily,
10 reaches out to all places where that person has
11 been previously credentialed to determine
12 whether or not they left that organization in
13 good standing, and then it goes to a Credentials
14 Committee which reviews all the credentials and
15 looks for gaps in work shift. And then from
16 there it goes to the Board of Governors and from
17 there it goes to the Board of Trustees at
18 Dartmouth-Hitchcock.

19 Q And am I correct that the overriding purpose for
20 going through this process is to do all that you
21 reasonably can to hire physicians who are
22 competent to provide the quality of care you
23 would expect at this institution?

Joanne Conroy 9/18/2019

46

1 A That's correct.

2 Q Now, there's a Credentials Committee. Is that
3 the name of it?

4 A Correct.

5 Q Am I correct that both the Chief Medical Officer
6 and the Chief Clinical Officer, Dr. Padin and
7 Dr. Merrens, sit on that committee?

8 A That's correct.

9 Q Am I correct that this process of going through
10 the Credentialing Committee and doing the due
11 diligence that you described would take place
12 before the physician is hired and starts work?

13 A Yes.

14 Q It would be awkward, would it not, if the
15 credentialing process took place after the
16 physician were already on board.

17 A There are special circumstances where people can
18 receive emergency privileges, but the Joint
19 Commission looks at that with a great deal of
20 skepticism. They believe the process should,
21 people should go through the entire process.

22 Q Okay. I'm going to mark as Conroy Deposition
23 Exhibit 3 a two-page document, DH numbers 21261

Joanne Conroy 9/18/2019

47

1 to 21262.

2 (Exhibit 3 marked for identification)

3 Q I show you what's been marked as Exhibit 3. I'm
4 going to start -- where I'm going to ask you to
5 start is in the middle of the first page which
6 is an email from Kayla Hollis to Ed Merrens and
7 Jocelyn Chertoff. Do you know Jocelyn Chertoff?

8 A I do. She's the Chair of Radiology.

9 Q Okay.

10 A She may sit on the Credentials Committee. I
11 don't know.

12 Q She does. So the email from Kayla Hollis says,
13 "It was requested that I sent a credentialing
14 application to David Seifer, MD for the Director
15 of REI position that's currently open. This is
16 a very unusual circumstance in which the
17 Department Chair is who completed the telephone
18 reference and is the one requesting that I
19 initiate the credentialing process, so I'm
20 looking for your guidance as a reference came
21 back with negative feedback."

22 So at the time that this email was sent,
23 March 2, 2016, Dr. Seifer was already working at

Joanne Conroy 9/18/2019

48

1 Dartmouth-Hitchcock. Would you agree that's an
2 unusual circumstance that he would have left his
3 previous employment and was working at
4 Dartmouth-Hitchcock at the time he went through
5 the credentialing process?

6 A So --

7 MR. SCHROEDER: Hold on just a second. Did
8 you say that, were you representing that Dr.
9 Seifer was already working there?

10 MR. VITT: I believe he was.

11 MR. SCHROEDER: No. He wasn't. He wasn't.

12 MR. VITT: Let me try it this way.

13 BY MR. VITT:

14 Q Above that is an email from Maria Padin. Do you
15 see that?

16 A Yes.

17 Q And she says, "I have some concerns about this
18 candidate. Can we talk?" Do you see that?

19 A Yes.

20 Q If the Chief Medical Officer had a concern about
21 a candidate, would that be something that the
22 credentialing committee should consider?

23 A So the credentialing committee does consider all

Joanne Conroy 9/18/2019

49

1 concerns about candidates. You know it's
2 difficult, I'm not here, this is all
3 speculation. I wasn't even here, number one.
4 Number two, there is open and honest
5 conversation about candidates that may have some
6 irregularities in either their references or
7 their educational timeline. That is actually
8 discussed at the Credentials Committee, and
9 decisions are made whether or not to approve or
10 not approve the candidate for practice at this
11 organization.

12 Q Do you have any reason to believe that the
13 credentialing process at Dartmouth-Hitchcock
14 changed between March of 2016 and when you
15 joined the institution in 2017?

16 A I would have no way to have any knowledge about
17 that.

18 Q I understand that, but I'm asking you do you
19 have any reason to believe that it did change?
20 Did anybody tell you that we've got a different
21 credentialing process, we're now tightening up
22 or it's a better process than before, anything
23 like that?

Joanne Conroy 9/18/2019

50

1 A No.

2 Q We'll mark as Exhibit 4, the front page is the
3 cover page of Ed Merrens' deposition, and the
4 other four pages are pages 81 to 84 from the
5 Merrens deposition.

6 (Exhibit 4 marked for identification)

7 Q I'll show that to you.

8 MR. SCHROEDER: Do you want her to read
9 this since she hasn't seen this before?

10 MR. VITT: Yes.

11 MR. SCHROEDER: Off the record.

12 (Recess taken 2:10 - 2:16 p.m.)

13 BY MR. VITT:

14 Q All set?

15 A Yes.

16 Q If we could turn first to page 82, and Dr.
17 Merrens is talking about Dr. DeMars. He says
18 her characterization, this is on line 6, "her
19 characterization of the recruitment was that he
20 was a talented physician, someone that we tried
21 to recruit previously under the previous chair,
22 someone that she thought could bring the
23 division together, and was countering what she

Joanne Conroy 9/18/2019

68

1 middle of the page, first page, under "Standards
2 of Care," she says, "I have concerns regarding
3 practice outside the ASRM standard of care."

4 Do you see that?

5 A Yes.

6 Q Do you know what she means by that?

7 A My assumption is the American Society of
8 Reproductive Medicine.

9 Q And why would it be a concern if a person's
10 practice is outside the standard of care of the
11 organization like the ASRM?

12 MR. SCHROEDER: Objection. Calls for
13 speculation. You can answer.

14 A You know, these are consensus standards that
15 specialists, experts in the area, have
16 developed, and in organizations we use them as
17 kind of the guardrails for how we're going to
18 deliver care within the institution.

19 Q Would you agree with me that this evaluation of
20 Dr. Seifer is negative?

21 A Yes.

22 Q And on the second page, there's a comment about
23 Albert Hsu who was a provider within the REI

Joanne Conroy 9/18/2019

69

1 Division. Does the name ring a bell?

2 A No.

3 Q Okay. It says, "Albert does not have an
4 adequate skill set with regard to surgery and
5 patient care. He regularly practices outside of
6 ASRM standards with regards to IVF which is both
7 ineffective and costly to patients. His
8 surgical skills endanger patients."

9 If the chair of a department had a
10 physician within that department saying the
11 person within this department has surgical
12 skills that endanger patients, what should
13 happen?

14 A So both the section chief and the surgical chair
15 should address the issue. They should meet with
16 the provider, they should sit down and talk
17 about their practice, they should put
18 appropriate expectations in place and ongoing
19 monitoring.

20 Q Is it a serious matter for a physician to talk
21 about another surgeon in saying their surgical
22 skills endanger patients?

23 A I would say that is serious. However, after

1 reasons for the decision to close the REI
2 Division. What's your understanding of the
3 reasons why Dr. Porter was terminated? Or do
4 you have an understanding?

5 A I don't. I have no understanding.

6 Q None whatsoever.

7 A No.

8 Q Would that also be true of the other physicians
9 in the REI Division?

10 A That's correct. The division was closed before
11 I came here.

12 Q That I understand, but I assume what you're
13 telling me is that even though the division was
14 closed before you came, no one has explained to
15 you, Ed Merrens, Daniel Herrick, Maria Padin,
16 none of the senior staff has explained to you
17 why the decision was made to terminate the
18 physicians?

19 A So closing a division means we stop offering the
20 services and that means those professional
21 services are no longer needed. When decisions
22 are made and they're done thoughtfully through a
23 deliberative process, I do not go back and

Joanne Conroy 9/18/2019

104

I have carefully read the foregoing
deposition, and the answers made by me are true.

JOANNE CONROY

STATE OF _____
_____, SS.

At _____ on the
_____ day of _____ A.D.
2019, personally appeared the above-named JOANNE
CONROY and made oath that the foregoing answers
subscribed by her are true.

Before me,

Notary Public

Joanne Conroy 9/18/2019

105

C E R T I F I C A T E

I, Cynthia Foster, Registered Professional Reporter and Licensed Court Reporter, duly authorized to practice Shorthand Court Reporting in the State of New Hampshire, hereby certify that the foregoing pages, numbered 6 through 103, are a true and accurate transcription of my stenographic notes of the deposition of JOANNE CONROY who was first duly sworn by me on September 18, 2019, for use in the matter indicated on the title sheet, as to which a transcript was duly ordered;

I further certify that I am neither attorney nor counsel for, nor related to or employed by any of the parties to the action in which this transcript was produced, and further that I am not a relative or employee of any attorney or counsel employed in this case, nor am I financially interested in this action.

Dated at North Sutton, New Hampshire, this 27th day of September, 2019.


Cynthia Foster, LCR

